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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Chih Min Kam
Art Unit: 1656

DATE: September 23, 2005

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 10

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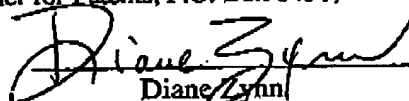
MESSAGE:

Patent Application No.: 10/619,910; Our Ref. 81918.0003
I hereby certify that the following documents:

- ☒ Amendment Transmittal Letter
- ☒ Amendment Under 37 C.F.R. §1.116

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

September 23, 2005
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Diane Zynn

TELECOPY/FAX NUMBER: (571) 273-8300

CLIENT NUMBER: 81918.0003

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: 571-272-0948 (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81918.0003
Patent Application No. 10/619,910

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

NISHIMURA et al.

Serial No: 10/619,910

Filed: July 15, 2003

For: A PEPTIDE AND OSTEOGENETIC ACCELERATOR

Art Unit: 1656

Examiner: Chih Min Kam

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 on

September 23, 2005

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Diane Zynn

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Date

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-	23	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
Independent Claims: 18, 20, 35, 36					TOTAL	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge \$ 0 to Deposit Account No. 50-1314 to cover the additional claims fee. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: Barry M. Shuman
Barry M. Shuman
Registration No. 50,220

Date: September 23, 2005

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Appl. No. 10/619,910
Amdt. Dated September 23, 2005
Reply to Office Action of July 8, 2005

Attorney Docket No. 81918.0003
Customer No. 26021
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Yoshihiko NISHIMURA, et al.
Serial No.: 10/619,910
Confirmation No.: 7180
Filed: July 15, 2003
For: **A PEPTIDE AND OSTEOGENETIC
ACCELERATOR**

Art Unit: 1656
Examiner: Chih Min Kam

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AMENDMENT UNDER 37 C.F.R. § 1.116

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Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated July 8, 2005, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.